


U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <i>WILLIAM F. DAVIS III</i>	COURT CASE NUMBER <i>04-209-SLR</i>
DEFENDANT <i>FIRST CORRECTIONAL MEDICAL, ET AL</i>	TYPE OF PROCESS <i>O/C</i>
SERVE  NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>NURSE BETTY (DOE)</i>	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>First Correction Medical 6661 North Oracle Road Tucson, Arizona 85704</i>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <i>WILLIAM DAVIS III DELAWARE CORRECTIONAL CENTER 1181 PRODOCK ROAD SMYRNA DE 19977</i>	Number of process to be served with this Form - 285 <i>1</i>
	Number of parties to be served in this case <i>2</i>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

PROPER CARE

Signature of Attorney or other Originator requesting service on behalf of: <i>William F. Davis III</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>N/A</i>	DATE <i>4/6/06</i>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <i>BT</i>	Date <i>5/23/06</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

<div style="border: 2px solid black; padding: 10px; text-align: center;"> FILED MAY 24 2006 U.S. DISTRICT COURT DISTRICT OF DELAWARE </div>		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.			
		Date of Service <i>5/23/06</i>	Time am pm		
		Signature of U.S. Marshal or Deputy <i>BT</i>			
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges — Advance Deposit	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

fcm does not accept service for individuals, only for the fcm. let unexecuted.